STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	Setts Berns	Please check the appropriate box and fill in
MAILING ADDRESS; _	1245 River R.J.	the District number.
CITY: _	Bordsinhan	Member of the Scnate, District
ZIP CODE:	<u>04028</u>	<u> </u>
PHONE NUMBER: _	207 522 1609	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.

- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.	
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Disclosure statements are made available to members of the public upon request,

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	· .	•		e of Economic
	Name of Employer	Address		f Employer
1	MSAD #75	50 Republic Ave	Topshan 04086	cohication. K-12
2	MSAD #75 Town of Bomphinham	13 School St	Bourbinhan 04008	municipal gat-
3	· · · · · · · · · · · · · · · · · · ·			
_	RT II. INCOME DERIVED FROM			
A.	Enter the name and address of your income. If associated with a partner economic activity of that entity.	business, if any, and list the ship, firm, professional asso	major areas of economic activ ciation, or similar business en	ity from which you derived tity, list the major areas of
	Name and Address Major A of Business Entity	veas of Economic Activity (self)		f Economic Activity station or similar business entity)
1	1111	UNIX A MICHAEL	***************************************	
2				
3.	and and and			
В.	Name each source of income derived		roprofeste mare then 100/ of	
	\$1,000, whichever is greater, and sp- derived such income. If this form of specify only the principal type of eco	ecify the principal type of co f disclosure is prohibited by l	onomic activity of the entity of aw, rule, or an established co	or person from whom you de of professional ethics.
		•		of Economic Activity
	Name of Source	<u>Address</u>		Person Who Is the ce of Income
1				
2.	,	, , , , , , , , , , , , , , , , , , ,		***************************************
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ə. <u> </u>			1 2 12 14	
PAI prac	RT III. MAJOR AREAS OF PRACtice. If associated with a law firm, list	TICE. (For Legislators who	o are attorneys-at-law only.) of your firm.	List your major areas of
	Name and Address of Firm	Major Areas of Prac (self)	<u>Major</u>	Areas of Practice (firm)
1				
	THE STATE OF THE S			
				
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
1.	5	, , , , , , , , , , , , , , , , , , ,
2		
PART V. DISCLOSURE OF R \$3,000 or more that you received du not list loans from a relative. If non	uring the reporting period, and list the major:	names of creditors for any unsecured loans of areas of economic activity of each creditor. Do
N		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
2	1111	<u>. </u>
		·
aggregate value of more than \$300 f	rom a single source. If none, so state.	gift of more than \$300. Include gifts with an
o	4	<u> </u>
	HONORARIA. List the source of any ho	noraria accepted for appearances or speeches
	3.	
	4	
'ART VIII. REPRESENTATIO	N BEFORE STATE AGENCIES. Identification of any amount. If none, so st	v each executive branch agency before which
	4	700

1	2
PART X. INCOME RECEIVED BY MEMBERS	S OF IMMEDIATE FAMILY.
List the type of economic activity representing each schild (ren) during the reporting period and the kind of accome received by spouse and (\mathbf{D}) beside sources of	source of income of \$1,000 or more received by your spouse or dependent income represented. Do not include gifts. Indicate (S) beside sources of income received by dependent(s).
Type of Economic Activity Representing Each Source of	
Income Received	Kind of Income
l,	
2.	
3	
l.	
*******	*******************
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N	
ppears that a Legislator has willfully filed a Attorney General. If the Commission determ tatement or has willfully filed a false statem nterest on every question and shall be prech tranch of the Legislature, and shall not atter	all be a Class E crime. If the Commission concludes that it a false statement, it shall refer its findings of fact to the nines that a Legislator has willfully failed to file a required ent, the Legislator shall be presumed to have a conflict of uded from voting on any question in committee or in either upt to influence the outcome of any question. A Legislator it is subject to a civil penalty not to exceed \$1,000, payable to M.R.S.A. § 1019)
SALT.	1/1/02
Signature	1/1/V + Tota
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